

The Care Division Limited

# The Care Division

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out this inspection on 30 December 2015 and 14 & 29 January 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

The Care Division provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 39 people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from a centrally located office base in Southampton.

A registered manager was not in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was currently in the process of registering the manager for the regulated activity of personal care.

People and their families felt communication was poor in the office and the rate of staff turnover for support staff and management was too high.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. People were supported to receive their medicines safely from suitably trained staff. There were clear guidelines for all medicines and all PRN medicines had to be authorised by the office before it could be given. Relevant recruitment checks were conducted before staff started working at The Care Division to make sure staff were of good character and had the necessary skills.

The risks to people were minimized through risk assessments and staff were aware of how to keep people safe and information provided staff with clear guidelines to follow. The service had a business continuity plan in case of emergencies. Where people experienced incidents and accidents the provider recorded and monitored the incidents

Staff received regular support and received regular one to one sessions of supervisions to discuss areas of development. Staff informed us they completed a wide range of training and praised the quality of the training, which they felt supported them in their job role. New staff completed an induction period before being permitted to work unsupervised.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. People were able to

access healthcare services.

People were cared for with kindness, compassion and sensitivity from support staff. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs. The service used a computer system which people and staff could access, and records were updated onto a live system.

People were supported and encouraged to make choices and had access to a wide range of activities. The provider sought feedback through the use of a quality assurance questionnaire and used the results to improve the service. The provider and manager used a series of audits to monitor the quality of the service.

A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staffing levels were sufficient to take account of people's needs and recruiting practices were safe. Where people had accidents these were recorded and monitored.

Staff knew how to identify, prevent and report abuse. Risks were managed appropriately and medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training, supervision and appraisal. People were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights. People were supported to access health professionals and treatments.

### Is the service caring?

Good ●

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff that understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities which people could choose to attend.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

**Is the service well-led?**

The service was not always well led.

People and their families felt communication in the office was poor, and staff turnover was too high for support workers and management.

Some health professionals felt the service was stretched and people and staff were not being communicated effectively.

There were systems in place to monitor the quality and safety of the service provided.

All policies were appropriate for the service and a whistleblowing policy was in place.

**Requires Improvement** 

# The Care Division

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 December 2015 & 14 & 29 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience who had experience of caring for people with a learning disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to nineteen people who used the service, or their relatives, by telephone. We spoke with the provider, the manager and eleven staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection, we spoke with five health care professionals who had regular contact with the service, to obtain their views about the care people received.

# Is the service safe?

## Our findings

People told us they felt safe and felt the company provided staff who kept them safe whilst providing them with personal care. One person said, "I feel safe with my regular carer." A family member said, "Extremely so, very happy, very lucky indeed." Another family member said, "Oh yes definitely."

We received mixed views from people and their families about staffing levels. One person told us, "I tell the care division if I don't want a certain carer back. Then three weeks later they come back as they are short staffed and that makes me feel upset." One family member told us, "Skelton staff because the job is tough and many leave following a difficult shift so the manager has stepped in." Another family member told us they were pleased with support provided by staff and said, "Yes, they would tell me if they were unhappy with their support." Families members who had recently had care provided by 'The Care Division' informed us that the situation had improved vastly when compared to their previous provider.

Staff told us they thought the company had enough staff. One member of staff said, "A couple of clients can be tricky and hard to get suitable staff, but they are trying and it takes time." They also said, "I've never heard any complaints about staff being late." Another staff member told us, "I look after one person and they have never been left without any care." A different staff member told us, "I do get pushed to help out with extra shifts. I feel the company grew too quickly and we can all feel it." Another staff member told us, "Staff not always available to help out at short notice, so if someone has higher needs support this would get covered, but someone who had low needs or could manage themselves or family to help might be cancelled." A health professional told us, "The Company has had problems with staffing, and it has been difficult to recruit and the turnover of staff has been bad, but seems to be improving."

Where people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. If an Incident occurred in a person's home a staff member would record the information onto the MyDiary planner system, 'MyDiary is a computer system which records people's timetabled daily activities, medication, finances and incidents.' This would then be followed up with a phone call to the office. Incidents and accidents were then investigated and collated enabling patterns of behaviours to be identified and support plans changed if required. The manager told us, "I would not be able to be close the enquiry until actions had been produced and followed up." An example of this was used recently for someone who has seizures, as these were all recorded it was easy to pull off the report, and pass onto the community nurse.

The service followed safe recruitment practices. One staff member told us, "My interview was very good and thorough. I was asked about scenarios and had to use my common sense." Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring service (BDS) (Criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. We spoke to a staff member who deals with recruitment who told us, "Staff cannot start work till there DBS is in place".

People were protected against the risks of potential abuse. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I feel confident to report any safeguarding concerns, and would know exactly what to do."

People were supported to take risks. One staff member told us, "We review peoples risk assessments with them and their circle of support every six months to ensure they are still appropriate." Another staff member told us, "We keep people safe, and if we come across a risk we will discuss it before it becomes an issue, and follow the assessments on the MyDiary system."

Assessments were undertaken to assess any risks to people who received the service and to the care staff who supported them. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines and falls. For example the risk assessment for one person stated 'can spill their cup of tea when walking with it, so staff to offer support to carry it to a resting place and fill only three quarters full'. For another person it stated, 'remind them to eat slowly and to also leave the upstairs hall light on as they get up in the night to use the toilet'.

The service had a business continuity plan in case of emergencies. This covered eventualities such as flooding and the risk of snow and ice. This contained a set of procedures for staff to follow in an emergency situation. Peoples support plans stated the location of the gas; water and electric so in an emergency staff would know how to locate these in the person's home.

People were satisfied with the support they received with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Training records showed staff had been suitably trained and had been assessed as being competent to administer medicines. One staff member told us, "I provide medication and have been assessed as competent to provide medicines. I feel very confident about this and if I was ever in doubt would ring up the office for advice first." For people who needed 'as required' (PRN) medicines there were clear guidelines to follow and all PRN medicines had to be authorised by the office before it could be given to reduce the risks of any errors in providing PRN medication.

We spoke to a member of staff who audits peoples medicines who informed us that by using the electronic monitoring system which the company call 'MyDiary' we can monitor if people have received the correct medicines at the correct time. They told us, "If medicines were not given on time after five minutes an amber alert would show up in the person's home as well as the office to remind staff that medicines were due. If this still wasn't given after half an hour a red alert would come through to the office which would then be followed up, to find out why and ensure the medicines were then given." Audits were carried out weekly and each person receiving the service had their own file. However records showed that some of these audits were missing and they had fallen behind. We spoke to the member of staff who informed us that they have been short of field supervisors for a short time, but have now just recruited new staff, so are planning to get back up to date on the medicines audits. They told us, "Due to the alert system we can tell straight away, if people have had their medicines so this has been put aside temporary."



# Is the service effective?

## Our findings

Staff told us they had the training and skills needed to meet people's needs. One staff member told us, "I loved the training; I've just completed an extra course on epilepsy and autism, which really added value." Another staff member told us, "Really good trainers very professional, they knew about law and human rights, couldn't speak more highly, I done many training courses in my time, and this is one of the best ones." A third staff member told us, "The instructors were really positive and gave you pointers and if you wanted to learn more about a certain subject."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training was provided in house and essential training was provided every month. One staff member told us, "Training very useful especially buccal training, we were shown how to use it and how to put people in the recovery position. This made me feel confident about people living with epilepsy."

New staff were supported to complete an induction programme before working on their own. Staff were required to attend training for a week before going out to shadow experienced members of staff. All new staff were signed up to the new care certificate. This was awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. We spoke to the trainer for the company who told us, "We are now training staff for the new care certificate and go out and shadow staff to make sure they are making the competencies."

Staff told us they felt supported, and that they had regular supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member said, "Every eight weeks is paid one hour supervision, and staff can chose to either come in the office or meet in a local café." Another staff member said, "My supervisions are really helpful; things have been dealt with that needed to and I feel listened to. It's nice to air your views with the office views."

People were supported at meal times to access food and drink of their choice. The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members prepared or reheated meals and ensured they were accessible to people who received a service from the agency. Where people were at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. We saw some people had menu plans, which were discussed with the person so they could choose what meals they would like for the week.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded

and signed by the person.

Staff gave examples of how a person's best interests were taken into account if a person lacked capacity to make a decision. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our inspection an application had been made to the court of protection for one person using the service. This had been authorised by the court of protection and the service was complying with the court order and keeping the person safe.

People were supported to access healthcare services. A family member told us, "I go with staff if my daughter needs to see the GP." They also told us, "She is seen by the dentist at home, but hospital if treatment is needed." In a recent survey sent to people using the service, people were asked, 'Do you feel supported to maintain your health?' A majority of people had replied yes and one person stated, 'Staff assists me daily to maintain my health, administer my medication and take me to appointments when needed.'

## Is the service caring?

### Our findings

Most people and their families felt support staff treated them with care, compassion and kindness. One person told us, "Some staff are more caring than others." A family member said, "They have an excellent partnership with their care worker." Another family member said, "Seems happy we've been tremendously lucky, the team are wonderful." A third family member told us, "They talk to her, and she smiles." A health professional told us, "Management and staff have gone above and beyond when supporting my client over the past year, especially when his father recently passed away."

A Health professional said, "The support workers I have personally had contact with from Care Division have been wonderful, caring individuals who do a great job for very little pay!" Another health professional told us, "The support staff I have come into contact with are kind and person centred".

People were encouraged to be as independent as possible and undertake their own personal care where they were able to do so. One staff member said, "Our aim is to promote independence, at all time with the people we look after. Some can't be completely independent, but we follow the persons support plan and encourage them to do what they can do themselves." Another staff member told us, "My job is to empower people and to keep people independent. Not to make my life easier by doing it myself. Support people to do it for themselves."

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff informed us that information was contained in the person's care plan; records included information about their personal circumstances and how they wished to be supported, including people's likes and dislikes. They would then knock on people's doors and identify themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care, one member of staff said, "I respect people's dignity by closing people's curtains and making sure people are aware of what I am going to do." Another staff member said, "I always make them feel comfortable, and keep it private maintain their dignity and you get to know how they like things to be done."

Where possible people had the same team of staff members looking after them. People had a choice of male or female staff members. For example, one person will become anxious if supported by a male member of staff, so it is written in their care plan to be supported by female staff only. We spoke to staff who confirmed that this did happen.

Information regarding confidentiality, dignity and respect formed a key part of staff's induction training for all care staff. A staff member told us, "I enjoy working for the company, I love to see the difference we are making even little things can make a difference." Another staff member told us, "I enjoy the work I do supporting people." Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them.

## Is the service responsive?

### Our findings

People received personalised care from staff who supported people to make choices. One person told us, "Staff help me with my activities." Staff encouraged people to make their own decisions and supported the person's choices. A health professional told us, "The Care Division offer my client an excellent service. It is person centred and completely built around [their] needs."

We visited two people in their own home and saw that staff were responding to people's needs, for example one person had been to the day centre on the day of our visit and had really enjoyed themselves. The staff member put on a DVD at the request of the person that showed them at the day centre completing activities and singing; this really made the person happy and the staff member was clearly taking an interest and engaging with the person talking about what activities they had completed at the day centre.

People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. For example the support plan for one person stated, 'staff to take them to Zumba and help them to pay and wait for the class to end and then support back home.' Staff also supported someone to play bingo three times a week which they really enjoy. One person told us, "Staff support me to hold car boot sales in the summer."

Care, treatment and support plans were personalised. One staff member told us, "I find the care plans really useful and like finding out about people and their interests." Care planning is completed through a my diary on line system the company provide a computer monitor in peoples home and pay for the broadband and setting up. Then staff can log in and see what is required in the person's home through a live system so updated straight away. People using the service have access to my diary with their own log on and can leave notes and confidential information, which can be send to the office. One staff member told us, "My diary is the best system I have ever used; it's very simple and user friendly." They also told us, "You can see the profile and photograph of the next staff member coming on shift, which makes you feel confident when handing over to the next staff member."

My diary is a computer system which records the clients timetabled daily activities, medication, finances and incidents. When staff arrive on duty after greeting the person they are looking after they log onto the system and it tells them what a client is doing today and provides access to previous feedback, the client's care plans and risk assessments. Where there has been a change in the care plan it will alert the member of staff the next time they log on it will also ask for feedback on identified goals, which allows the service to monitor the client's progress on agreed outcomes.

People received care that had been assessed to meet their specific needs. Care plans were easy to follow and supported independence. For example, for one person stated 'normally up at 7 am as goes to day centre but if not up to knock on the door, and gently wake up by using the light by the landing to gently wake up. They will choose clothes for the day, if chooses inappropriate clothes for example winter clothes on a hot day to help choose alternative clothing.' For another person the care plan stated, 'will independently make their breakfast but may only put a teaspoon of cereal in the bowl, staff to prompt to fill

up the bowl adequately.'

Staff informed us for people who had behaviour that challenged their support plans had clear guide lines of action to take to diffuse the situation. For one person it had an example script staff can use if out in the community for example. With a traffic light system for mood changes and triggers to look out for, this informed staff how to respond accordingly.

Staff were informed about changes to people's care plans, or any other information they needed to know to assist the person they are caring for. One staff member told us, "Support plans updated regularly, we use my diary which will show you the latest documents. I then check these for any updates; these will be in red if updated. Or we will get a message please read updated care plans." Staff log on by their fingerprint so information stays confidential. The office can then see who is logged on and at what times, and if staff have read important information. The manager told us, "Call monitoring in place, which will show if staff got there late or early. This is handy when it comes to review the package of care."

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out to people each quarter seeking their views. We saw the results form the latest questionnaire, which had been completed in December 2015. The results of the survey, which were mixed had been analysed and assessed. An example of this was, people were asked if they were encouraged to remain as independent as possible. Majority of people had stated always. Comments included, 'Staff encourage me to complete simple daily tasks. 'It is very good. Staff team support me as needed, encourage me to do things myself.' Negative feedback had been about poor communication in the office and people not knowing their allocated field care supervisor. Actions had been put in place which included sending out to everyone who used the service a structure of people working in the office and who their filed care supervisor was and arrangements in place for them to meet up and discuss their concerns.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been four complaints in the past year and these had been investigated thoroughly and the person and their relatives were satisfied with their response. The manager told us, "If company went wrong, we tell people and put it right, and learn from it."

## Is the service well-led?

### Our findings

People and their families told us that communication could be better in the office and felt the service wasn't very well led at the present time. One person told us, "The office staff can be quite rude on the phone and don't always call back, and that upsets me as it could be important." A family member told us, "Lots of staff turnover including managers; one of whom I had a good relationship with, so disappointing." Another family member told us, "Well led? Not at the moment." A staff member told us, "Communication can be hard, if I'm with a client and they phone the office and they say will call back and they don't it can make the client really angry and upset." Another staff member said, "Office okay communication could be better." Another staff member said, "Communication got better, but still lacking."

People and their families felt let down by the company, and that they had often been let down from the service for their social calls. One family member told us, "Just one minute before I was due to leave work I received a call to say our regular carer was off sick, but I found out they'd known two days prior that he wouldn't be in." Another family member said, "Sometimes let us down."

Feedback from a recent questionnaire, where people were asked to rate the reliability of their support workers the results were that the majority of the people receiving the service were pleased with the service. However, a few comments included, 'support workers are generally reliable, as long as rotas are in place, which has been a nightmare for months no matter how often I complain. Some are often late but this is due to poor management.' Another comment stated, 'I would like to say staff are very good but the office in not.'

We spoke to one of the directors of the company about our concerns from people and their families, who told us, "We grew very quickly and in hindsight, would not grow so quickly again as it was very hard to manage. They also told us, "On top of this we lost a very good manager, and then recruited another manager who unfortunately couldn't stay. We have now got a good manager in place and feel very positive about the future. We have recruited some more staff and more supervisors and have a plan to take the service forward." One of the actions they were taking was after hearing that people and staff weren't happy with rotas being sent out late and on a weekly basis, the company was planning for rotas to be sent out fortnightly."

A health professional said, "A lot of recent change in management within the provider which has had an impact on people and staff." Another health professional told us, "I mostly have contact with a field supervisor. They have often been difficult to track down, does not answer or return calls and does not always attend meetings they are expected at." Another health professional told us, "It appears that management are not fully supporting the support staff and do not communicate well with them." However another health professional told us, "They work well with the community team and are honest with any difficulties and seeking advice and support appropriately. This is the first placement where my client has successfully stayed without needing an impatient admission and I feel this is solely due to the support and care the care division offer."

At the time of inspection the registered manager had left the service and a new manager had just been in

post and has applied to be registered with CQC and their application was being processed. The service had also lost some field care supervisors and new supervisors had just been appointed and were in the process of meeting up with people and staff to improve on communication. One staff member told us, "It's been tough without a manager, but we have all pulled together as a team and it is starting to come together." Another staff member told us, "I had two different field supervisors, which have been a bit hit and miss, seen lots of changes. I now have a new field supervisor who seems on the ball." Another staff member told us, "Main problem is the amount of staff and people using the service, there are not enough field supervisors. If they are off sick or on leave we get referred to the Poole office, but they don't know our clients." We spoke to the new manager about our concerns who told us, "I am here to be supportive of staff, I have been meeting staff and the company have taken on new field care supervisors to help support staff and people. We have completed a new company structure chart, so staff and people are aware of who they can contact and this had recently been sent out to everyone who uses the service and staff." They also told us, "We are introducing a family forum in the next month, so we can gather feedback from people's families' and gain ideas on how we can improve the service and put things right."

The company director also supported staff by staff being involved in an employee recognition scheme for staff who have gone above and beyond in their line of work. A number of key staff have been rewarded for helping people live independently and enjoy their lives to the full. For example by organising and going on holiday with people. The director told us, "Staff normally receive a letter of thanks from myself as well as a box of chocolates or bottle of wine."

Staff told us they felt the office were supportive and felt it operated an open door policy. One staff member said, "Office very professional and welcoming, and very quick to respond." Another staff member told us, "Even though the service has grown quickly I do still feel supported." Another person told us, "Very supportive, looked after nice very understanding."

Staff felt supported by the company. One staff member told us, "Overall nice company" another staff member told us, "Company not perfect, but one of the best I've worked for just a bit stretched out at the moment." Another staff member told us, "Don't think it's a bad company, just got too much on their hands."

The provider and manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, training, accidents and incidents. Where issues were identified remedial action was taken. The manager informed us that they printed off quarterly reports, which will show if there are any gaps missing in people's files, so it can then be updated straight away. Records showed that these were then discussed with staff in their supervisions, and actions put in place.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. A staff member told us, "Whistleblowing policy if you see someone is at risk pass it on. I have never felt the need to whistle blow for any reason."

The service had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had appropriate policies in place for all aspects of the service.